FIRM REPORTING _____

PRICE SCHEDULE FOR SALES OF ALCOHOLIC BEVERAGES FOR CONSUMPTION ON THE PREMISES



CITY		TATE	ZIP CODE		
FFECTIVE DATE			PAGE	OF.	
NFORMATION TO BE PROVIDED MUS IENT OF REVENUE TO VERIFY REPO					BY THE DEPA
NAME OF MIXED DRINK OR WINE	Quantity of Alcoholic Beverage Per Drink or Container In Ounces	Regular Sales Price Including Liquor By The Drink Tax and Sales Tax	SPECIAL SALES PRICES (List Days & Times)		
			Happy Hour Day(s) Time(s)	Other Day(s) Time(s)	Other Day(s) Time(s)
Bar Brands					
Call Brands					
Premium					
Super Premium					
Cordials (Liqueurs)					
House Wine (Glass)					
House Wine (Bottle)					
Champagne (Glass)					
Champagne (Bottle)					

enclosed with this form.

Under penalties of perjury, I declare that I have read and understood this report and that to the best of my knowledge and belief, the information provided herein is true, correct and complete.

This report must be filed upon entering business and when-		(F	REPORT MUST BE SIGNED)		
ever prices or amount of pour changes. Drinks and wine should	SIGN				
be categorized by price and quantity of alcoholic content. If the above categories do not account for a majority of sales,		SIGNATURE OF PERSON SUBMITTING THIS REPORT			
use additional lines or attach additional sheets.		TITLE	CORPORATE OFFICER , AGENT ETC.	DATE	